

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

CONSERVATIVE MAJORITY FUND

ADDRESS (number and street)

2776 S ARLINGTON MILL DR #806

ATTN: SCOTT B MACKENZIE

☐ Check if different than previously reported. (ACC)

ARLINGTON

VA

22206

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00524454

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CONSERVATIVE MAJORITY FUND

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
01		01		2015

To:

M M	/	D D	/	Y Y Y Y Y
06		30		2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y 2015</div>		<div>40199.70</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>40199.70</div>	
(c) Total Receipts (from Line 19)	<div>165059.99</div>	<div>165059.99</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>205259.69</div>	<div>205259.69</div>
7. Total Disbursements (from Line 31).....	<div>154748.92</div>	<div>154748.92</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div>50510.77</div>	<div>50510.77</div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div>800.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CONSERVATIVE MAJORITY FUND

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 01 01 2015

To:

 M M / D D / Y Y Y Y Y
 06 30 2015
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

17085.00

17085.00

(ii) Unitemized

139001.46

139001.46

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

156086.46

156086.46

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

156086.46

156086.46

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

800.00

800.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

8173.53

8173.53

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

165059.99

165059.99

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

165059.99

165059.99

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	154308.92	154308.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	154308.92	154308.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	80.00	80.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	360.00	360.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	360.00	360.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	154748.92	154748.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	154748.92	154748.92

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	156086.46	156086.46
34. Total Contribution Refunds (from Line 28(d))	360.00	360.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	155726.46	155726.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	154308.92	154308.92
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	154308.92	154308.92

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 62

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR MAX U AKPIK 997

Mailing Address PO BOX 88

City
WAINWRIGHTState
AK
Zip Code
99782FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	14	/	2015

Transaction ID : SA11AI.4283

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

B. MR MAX U AKPIK 997

Mailing Address PO BOX 88

City
WAINWRIGHTState
AK
Zip Code
99782FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	14	/	2015

Transaction ID : SA11AI.4282

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

C. MR FRED BEASLEY 770Mailing Address 4741 WORLD HOUSTON PKWY
STE 150City
HOUSTONState
TX
Zip Code
77032FEC ID number of contributing
federal political committee.

C

Name of Employer

INTEGRA LOGISTICS SERVICES LLC

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2015

Transaction ID : SA11AI.4542

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR FRED BEASLEY 770

Mailing Address 4741 WORLD HOUSTON PKWY
STE 150

City State Zip Code
HOUSTON TX 77032

FEC ID number of contributing
federal political committee.

C

Name of Employer
INTEGRA LOGISTICS SERVICES LLC

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 25 / 2015

Transaction ID : SA11AI.4543

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MR CHARLES E BLEAKLEY 662

Mailing Address 8101 MISSION RD
APT 107

City State Zip Code
PRAIRIE VILLAGE KS 66208

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2015

Transaction ID : SA11AI.4677

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

C. MR WILLIAM BREITFELDER 452

Mailing Address 7429 DOG TROT RD

City State Zip Code
CINCINNATI OH 45248

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : SA11AI.4808

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

520.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 62
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR WILLIAM BREITFELDER 452

Mailing Address 7429 DOG TROT RD

City	State	Zip Code
CINCINNATI	OH	45248

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2015

Transaction ID : SA11AI.4806

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MR JAMES J BRENNAN 604

Mailing Address 7717 CENTRAL AVE

City	State	Zip Code
BURBANK	IL	60459

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		08		2015

Transaction ID : SA11AI.4813

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. MR HENRY M BUHL 100

Mailing Address 114 GREENE ST FL 5

City	State	Zip Code
NEW YORK	NY	10012

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2015

Transaction ID : SA11AI.4905

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

325.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR LARRY BUNKER 644

Mailing Address PO BOX 100

City
GENTRYState
MOZip Code
64453FEC ID number of contributing
federal political committee.

C

Name of Employer

LARRY BUNKER

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	1	5

Transaction ID : SA11AI.4912

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. MR GARY T CARLSON 584

Mailing Address 506 8TH ST SW

City

JAMESTOWN

State

ND

Zip Code

58401

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	5

Transaction ID : SA11AI.5054

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. MR CAREY CARLTON 338

Mailing Address PO BOX 1986

City

SEBRING

State

FL

Zip Code

33871

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CATTLE RANCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	5

Transaction ID : SA11AI.5057

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

625.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 62
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS ELIZABETH A CATER 433

Mailing Address 507 W FINDLAY ST

City State Zip Code
CAREY OH 43316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 27 2015

Transaction ID : SA11AI.5113

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. MS KRISTEN COURTNEY 488

Mailing Address 1298 SILVERWOOD DR

City State Zip Code
OKEMOS MI 48864

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

NONE

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 19 2015

Transaction ID : SA11AI.5336

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. MR JEROME D COYNE 463

Mailing Address 7825 W 400 N

City State Zip Code
MICHIGAN CITY IN 46360

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

NONE

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 20 2015

Transaction ID : SA11AI.5361

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MRS SUASANNE CROWELL 911

Mailing Address 1256 OAK GROVE AVE

City

SAN MARINO

State

CA

Zip Code

91108

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	2		2	0	1	5		

Transaction ID : SA11AI.5393

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. MRS LOUISE G DAVIS 780

Mailing Address PO BOX 537

City

COTULLA

State

TX

Zip Code

78014

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHEYENNE TRADERS INC

Occupation

DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		2	9		2	0	1	5		

Transaction ID : SA11AI.5495

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

C. MS BRENDA DEAN 640

Mailing Address 911 S PRAIRIE LN

City

RAYMORE

State

MO

Zip Code

64083

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		0	9		2	0	1	5		

Transaction ID : SA11AI.5505

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

675.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS BRENDA DEAN 640

Mailing Address 911 S PRAIRIE LN

City State Zip Code
 RAYMORE MO 64083

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 17 / 2015

Transaction ID : SA11AI.5506

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. MR ROBERT FERGUSON 075

Mailing Address 19 MOUNTAINVIEW DR

City State Zip Code
 HALEDON NJ 07508

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 16 / 2015

Transaction ID : SA11AI.5855

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. MR FRANCIS FITZPATRICK 974

Mailing Address 100 E ANCHOR AVE

City State Zip Code
 EUGENE OR 97404

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 22 / 2015

Transaction ID : SA11AI.5921

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 13 OF 62

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS SANDRA P FOSTER 760

Mailing Address 2712 CREEKWOOD DR

City

GRAPEVINE

State

TX

Zip Code

76051

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	18	/	2015

Transaction ID : SA11AI.5983

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. MS ELEANOR J FOX 339

Mailing Address 13572 PINE VILLA LN

City

FORT MYERS

State

FL

Zip Code

33912

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	10	/	2015

Transaction ID : SA11AI.6002

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. MS ELEANOR J FOX 339

Mailing Address 13572 PINE VILLA LN

City

FORT MYERS

State

FL

Zip Code

33912

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	11	/	2015

Transaction ID : SA11AI.6003

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS MARY GARBERG 660

Mailing Address 28248 W 119TH ST

City
OLATHEState Zip Code
KS 66061FEC ID number of contributing
federal political committee.

C

Name of Employer
SUNFLOWER FARMSOccupation
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2015

Transaction ID : SA11AI.6092

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. MR BYRON GIDDENS 328

Mailing Address 801 RIVERS CT

City
ORLANDOState Zip Code
FL 32828FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.6182

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. MS LAURICE W GOODRICH 711

Mailing Address 939 SOUTHFIELD RD

City
SHREVEPORTState Zip Code
LA 71106FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.6254

Amount of Each Receipt this Period

175.00

SUBTOTAL of Receipts This Page (optional)..... ►

675.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 62

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS RUTH K GORMLY 910

Mailing Address 1220 RANCHO RD

City
ARCADIAState Zip Code
CA 91006FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2015

Transaction ID : SA11AI.6269

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. MR CHRISTOPHER L HANLEY 462

Mailing Address 8101 BRAMWOOD CT

City
INDIANAPOLISState Zip Code
IN 46250FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2015

Transaction ID : SA11AI.6449

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. MR FRANK HENRY 208

Mailing Address 9805 BRIXTON LN

City
BETHESDAState Zip Code
MD 20817FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2015

Transaction ID : SA11AI.6598

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

550.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 62

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MRS PHYLLIS HESS 614

Mailing Address 19485 N 1700TH RD

City

BUSHNELL

State

IL

Zip Code

61422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	1	5

Transaction ID : SA11AI.6620

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MR BRUCE T HORTIN 628

Mailing Address 360 COUNTY ROAD 500 N

City

ALBION

State

IL

Zip Code

62806

FEC ID number of contributing
federal political committee.

C

Name of Employer

HORTIN FARMS

Occupation

FARMER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	5

Transaction ID : SA11AI.6759

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. MR JOHN M HUNNICUTT 325

Mailing Address 4754 HICKORY SHORES BLVD

City

GULF BREEZE

State

FL

Zip Code

32563

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	5

Transaction ID : SA11AI.6808

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

400.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 62
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR ROBERT JAMISON 483

Mailing Address 6693 RIDGEVIEW DR

City State Zip Code
 CLARKSTON MI 48346

FEC ID number of contributing
federal political committee.

C

Name of Employer

ROBERT JAMISON LLC

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 19 / 2015

Transaction ID : SA11AI.6902

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. MS SHIRLEY C JOHNSON 939

Mailing Address 3230 MACOMBER DR

City State Zip Code
 PEBBLE BEACH CA 93953

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 27 / 2015

Transaction ID : SA11AI.6995

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. MR THOMAS R JOKERST 630

Mailing Address 15912 EAGLE CHASE CT

City State Zip Code
 CHESTERFIELD MO 63017

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVENTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 08 / 2015

Transaction ID : SA11AI.6999

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 62

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR THOMAS R JOKERST 630

Mailing Address 15912 EAGLE CHASE CT

City

CHESTERFIELD

State

MO

Zip Code

63017

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVENTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	5

Transaction ID : SA11AI.7000

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MS PAULINE B JONES 801Mailing Address 3091 MILL VISTA RD
UNIT 1013

City

HIGHLANDS RANCH

State

CO

Zip Code

80129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	5

Transaction ID : SA11AI.7018

Amount of Each Receipt this Period

230.00

Full Name (Last, First, Middle Initial)

C. MS PAULINE B JONES 801Mailing Address 3091 MILL VISTA RD
UNIT 1013

City

HIGHLANDS RANCH

State

CO

Zip Code

80129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	5

Transaction ID : SA11AI.7019

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

380.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 62
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR DAVID KAHL 432

Mailing Address 1240 NEWBURY DR

City State Zip Code
COLUMBUS OH 43229

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2015

Transaction ID : SA11AI.7061

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. MS JUDITH A KEILLOR 785

Mailing Address 3205 BANYAN CIR

City State Zip Code
HARLINGEN TX 78550

FEC ID number of contributing
federal political committee.

C

Name of Employer

HARLINGING BONE AND JOINT CLINIC

Occupation

OFFICE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2015

Transaction ID : SA11AI.7106

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MR FREDERICK W KLEIN 857

Mailing Address 36584 S WIND CREST DR

City State Zip Code
TUCSON AZ 85739

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2015

Transaction ID : SA11AI.7201

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 62

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR LOUIS C KOLAR 895

Mailing Address 14420 E WINDRIVER LN

City State Zip Code
RENO NV 89511

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : SA11AI.7269

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. MR ERNEST L LANDRUM 900

Mailing Address 1945 W 66TH ST

City State Zip Code
LOS ANGELES CA 90047

FEC ID number of contributing
federal political committee.

C

Name of Employer

I H SS PROVIDER

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2015

Transaction ID : SA11AI.7362

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. MS LINDA L LESTER 950

Mailing Address 2425 RIC DR

City State Zip Code
GILROY CA 95020

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 19 / 2015

Transaction ID : SA11AI.7476

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS LINDA L LESTER 950

Mailing Address 2425 RIC DR

City

GILROY

State

CA

Zip Code

95020

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2015

Transaction ID : SA11Al.7478

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. MS LINDA L LESTER 950

Mailing Address 2425 RIC DR

City

GILROY

State

CA

Zip Code

95020

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2015

Transaction ID : SA11Al.7477

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MR ROBERT A MCCAFFREY 105

Mailing Address 138 MAIN ST

City

COLD SPRING

State

NY

Zip Code

10516

FEC ID number of contributing
federal political committee.

C

Name of Employer

MCCAFFREY REALTY INC

Occupation

REALTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11Al.7819

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

550.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS JOYCE Y MCMUTT 761

Mailing Address 7121 SUMMERSET DR

City

FORT WORTH

State

TX

Zip Code

76126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 19 / 2015

Transaction ID : SA11AI.7927

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. MR MUHAMMAD NASIR 913

Mailing Address 11987 SHOSHONE AVE

City

GRANADA HILLS

State

CA

Zip Code

91344

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SELF EMPLOYED

DOCTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 13 / 2015

Transaction ID : SA11AI.8199

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. MR DAVID I NATION 760

Mailing Address 1404 BRIARWOOD BLVD

City

ARLINGTON

State

TX

Zip Code

76013

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SW CHRISTIAN MISSION

DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 01 / 2015

Transaction ID : SA11AI.8201

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS CAROLE NICOLELLA 152

Mailing Address 4032 TUXEY AVE

City

PITTSBURGH

State

PA

Zip Code

15227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 29 / 2015

Transaction ID : SA11AI.8269

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. MR PHILIP NIOSI 329

Mailing Address 10 NAVAHO CIR

City

INDIAN HARBOUR BEA

State

FL

Zip Code

32937

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 26 / 2015

Transaction ID : SA11AI.8292

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MS NANCY L ORME 201

Mailing Address 41284 HOGELAND MILL RD

City

LEESBURG

State

VA

Zip Code

20175

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2015

Transaction ID : SA11AI.8383

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS NANCY L ORME 201

Mailing Address 41284 HOGELAND MILL RD

City

LEESBURG

State

VA

Zip Code

20175

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		1	1		2	0	1	5		

Transaction ID : SA11AI.8384

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. MR DALE A OYHUS 586

Mailing Address 13973 FRANKS CREEK RD

City

MEDORA

State

ND

Zip Code

58645

FEC ID number of contributing
federal political committee.

C

Name of Employer

CATTLE RANCH

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		3	0		2	0	1	5		

Transaction ID : SA11AI.8412

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

C. MR DALE A OYHUS 586

Mailing Address 13973 FRANKS CREEK RD

City

MEDORA

State

ND

Zip Code

58645

FEC ID number of contributing
federal political committee.

C

Name of Employer

CATTLE RANCH

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		2	9		2	0	1	5		

Transaction ID : SA11AI.8413

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)..... ►

540.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 62
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND**A. MR JAMES E PEARSALL 234**

Mailing Address 5432 TODD ST

City	State	Zip Code
VIRGINIA BEACH	VA	23464

FEC ID number of contributing
federal political committee.

C

Name of Employer
JAMES E PEARSALL INCOccupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	18	/	2015

Transaction ID : SA11AI.8478

Amount of Each Receipt this Period

150.00

B. MS COY M POWELL 977

Mailing Address 2500 SW 83RD ST

City	State	Zip Code
REDMOND	OR	97756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	03	/	2015

Transaction ID : SA11AI.8661

Amount of Each Receipt this Period

75.00

C. MS LENORA PUSTA 855

Mailing Address 138 W SUNFLOWER DR

City	State	Zip Code
PAYSON	AZ	85541

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

NONE

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2015

Transaction ID : SA11AI.8716

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

525.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR WILLIAM T REYNOLDS 276

Mailing Address 2905 MARS ST

City
RALEIGHState
NCZip Code
27604FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	07	/	2015

Transaction ID : SA11AI.8847

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. MR R EDWARD ROSE 020

Mailing Address 13 CLARK RD

City
HINGHAMState
MAZip Code
02043FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ROCKY MOUNTAIN SPRING WATER
COMPANY

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	19	/	2015

Transaction ID : SA11AI.9040

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MR FRANKIE SCHIERMAN 988

Mailing Address 5303 PAINTED HILLS RD

City
EHRATAState
WAZip Code
98823FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

NONE

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	10	/	2015

Transaction ID : SA11AI.9210

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

325.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS HELEN W SMITH 631

Mailing Address PO BOX 221051

City

SAINT LOUIS

State

MO

Zip Code

63122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 17 / 2015

Transaction ID : SA11AI.9470

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. MRS KATHLEEN D SULLIVAN 381

Mailing Address 1944 CLARINGTON DR

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

01 / 14 / 2015

Transaction ID : SA11AI.9740

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. ROZENE R SUPPLE 922

Mailing Address 1850 SMOKE TREE LN

City

PALM SPRINGS

State

CA

Zip Code

92264

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RR BROADCASTING

SELF EMPLOYED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 08 / 2015

Transaction ID : SA11AI.9761

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 62
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR GERALD R SWANSON 980

Mailing Address PO BOX 369

City State Zip Code
 MEDINA WA 98039

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 06 / 2015

Transaction ID : SA11AI.9781

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MR GERALD R SWANSON 980

Mailing Address PO BOX 369

City State Zip Code
 MEDINA WA 98039

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 03 / 2015

Transaction ID : SA11AI.9782

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MS DOROTHY W SWOFFORD 857

Mailing Address 7500 N CALLE SIN ENVIDIA
 APT 1103

City State Zip Code
 TUCSON AZ 85718

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 18 / 2015

Transaction ID : SA11AI.9793

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 62
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR ERNEST R THOMPSON 648

Mailing Address 406 RUBY RD

City	State	Zip Code
CARL JUNCTION	MO	64834

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2015

Transaction ID : SA11AI.9879

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

B. MR ERNEST R THOMPSON 648

Mailing Address 406 RUBY RD

City	State	Zip Code
CARL JUNCTION	MO	64834

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2015

Transaction ID : SA11AI.9880

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MS NANCY P TIMMER 786

Mailing Address 249 SUNDAY CIR

City	State	Zip Code
FREDERICKSBRG	TX	78624

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2015

Transaction ID : SA11AI.9911

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)..... ►

395.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR ROBERT L TONER 194

Mailing Address 222 FOXHOUND DR

City

LAFAYETTE HL

State

PA

Zip Code

19444

FEC ID number of contributing
federal political committee.

C

Name of Employer

TONER CABLE EQUIP INC

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : SA11AI.9946

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. MRS JAN B VANDENBERG 977

Mailing Address 61951 KILDONAN CT

City

BEND

State

OR

Zip Code

97702

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 26 / 2015

Transaction ID : SA11AI.10027

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. MR JOEL VANDEZANDE 913

Mailing Address 500 PERIWINKLE CT

City

THOUSAND OAKS

State

CA

Zip Code

91360

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2015

Transaction ID : SA11AI.10035

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 62

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR DAVID M WAGNER 109Mailing Address 130 N MAIN ST
STE 202

City	State	Zip Code
NEW CITY	NY	10956

FEC ID number of contributing
federal political committee.

C

Name of Employer

FREEDMAN, WAGNER, TABAKMAN, AND WE

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2015

Transaction ID : SA11Al.10109

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. GURDON B WATTLES 028

Mailing Address 43 ROCKBRIDGE DR

City	State	Zip Code
LITTLE COMPTON	RI	02837

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2015

Transaction ID : SA11Al.10225

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. MR CHARLES J WEIR 201Mailing Address 19355 CYPRESS RIDGE TER
UNIT 806

City	State	Zip Code
LEESBURG	VA	20176

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : SA11Al.10259

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 32 OF 62
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS CARRIE E WILSON 410

Mailing Address PO BOX 76254

City	State	Zip Code
HIGHLAND HEIGHTS	KY	41076

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2015

Transaction ID : SA11AI.10454

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. MR PRESTON G WOOD 088

Mailing Address 11 LANDSDOWN RD

City	State	Zip Code
ANNANDALE	NJ	08801

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2015

Transaction ID : SA11AI.10523

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. MR DENNIS P WURZELBACHER 452

Mailing Address 3561 W KEMPER RD

City	State	Zip Code
CINCINNATI	OH	45251

FEC ID number of contributing
federal political committee.

C

Name of Employer

FALLS BUS SERVICE

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2015

Transaction ID : SA11AI.10560

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

450.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR DENNIS P WURZELBACHER 452

Mailing Address 3561 W KEMPER RD

City State Zip Code
 CINCINNATI OH 45251

FEC ID number of contributing
federal political committee.

C

Name of Employer
 FALLS BUS SERVICE

Occupation
 SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 16 2015

Transaction ID : SA11AI.10562

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

17085.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 62

☐ 11a ☐ 11b ☐ 11c ☐ 12
☒ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. SCOTT B MACKENZIE

Mailing Address 2776 S ARLINGTON MILL DRIVE

City State Zip Code
 ARLINGTON VA 22206

FEC ID number of contributing
federal political committee.

C

Name of Employer
 MACKENZIE & COMPANY

Occupation
 CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA13.4194

Amount of Each Receipt this Period

800.00

PERSONAL LOAN

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 62

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. ACTIVE ENGAGEMENT LLC

Mailing Address 44084 RIVERSIDE PKWY
SUITE 350

City State Zip Code
LANSDOWNE VA 20176

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2015

Transaction ID : SA17.10646

Amount of Each Receipt this Period

215.15

LIST RENTAL INCOME

Full Name (Last, First, Middle Initial)

B. ACTIVE ENGAGEMENT LLC

Mailing Address 44084 RIVERSIDE PKWY
SUITE 350

City State Zip Code
LANSDOWNE VA 20176

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1469.86

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : SA17.10647

Amount of Each Receipt this Period

1254.71

LIST RENTAL INCOME

Full Name (Last, First, Middle Initial)

C. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City State Zip Code
AKRON OH 44333

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4425.74

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 12 / 2015

Transaction ID : SA17.10644

Amount of Each Receipt this Period

4425.74

LIST RENTAL INCOME

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5895.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 62

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City State Zip Code
AKRON OH 44333

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6703.67

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 08 2015

Transaction ID : SA17.10645

Amount of Each Receipt this Period

2277.93

LIST RENTAL INCOME

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2277.93

8173.53

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 62

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. ACTIVE ENGAGEMENT LLCMailing Address 44084 RIVERSIDE PKWY
SUITE 350

City LANSDOWNE State VA Zip Code 20176

Purpose of Disbursement
PAC eMAIL SOLICITATIONS

003

Candidate Name

CONSERVATIVE MAJORITY FUNDCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 14 2015**Transaction ID : SB21B.4219**

Amount of Each Disbursement this Period

262.50

Full Name (Last, First, Middle Initial)

B. ACTIVE ENGAGEMENT LLCMailing Address 44084 RIVERSIDE PKWY
SUITE 350

City LANSDOWNE State VA Zip Code 20176

Purpose of Disbursement
PAC eMAIL SOLICITATIONS

003

Candidate Name

CONSERVATIVE MAJORITY FUNDCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 24 2015**Transaction ID : SB21B.4220**

Amount of Each Disbursement this Period

12.50

Full Name (Last, First, Middle Initial)

C. AMBASSADOR ACCOUNTING

Mailing Address 7521 PRESIDENTIAL LN

City MANASSAS State VA Zip Code 20109

Purpose of Disbursement
ESCROW SERVICES

001

Candidate Name

CONSERVATIVE MAJORITY FUNDCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 03 2015**Transaction ID : SB21B.4222**

Amount of Each Disbursement this Period

104.89

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

379.89

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE MAJORITY FUND

A. AMBASSADOR ACCOUNTING

Date of Disbursement

Transaction ID : SB21B.4226

001

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Full Name (Last, First, Middle Initial)

B. CONSERVATIVE STRIKEFORCE PAC

Date of Disbursement

Three examples of date labels are shown: MM/DD/YYYY, DD/MM/YYYY, and YYYY.

Mailing Address 2776 S ARLINGTON MILL DR
NUM 806

City	State	Zip Code
ARLINGTON	VA	22206

Transaction ID : SB21B.4179

Purpose of Disbursement
PURCHASE OF DONOR FILE NAMES

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. DEPARTMENT OF THE TREASURY

Date of Disbursement

Mailing Address INTERNAL REVENUE SERVICE CENTER

City	State	Zip Code
OGDEN	UT	84201

Transaction ID : SB21B.4183

Purpose of Disbursement	1120POL TAX PAYMENT
-------------------------	---------------------

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

26749.77

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE MAJORITY FUND

A. FIRST MERIT BANK

Three 7-segment displays are shown, each with a label above it. The first display is labeled 'M M' and shows the number '01'. The second display is labeled 'D D' and shows the number '15'. The third display is labeled 'Y Y Y Y' and shows the year '2015'. The displays are arranged horizontally and separated by slashes.

001

105.00

CONSERVATIVE MAJORITY FUND

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B. FIRST MERIT BANK

MM / DD / YYYY

001

103.20

CONSERVATIVE MAJORITY FUND

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

C. FIRST MERIT BANK



001

Amount of Each Disbursement this Period

CONSERVATIVE MAJORITY FUND

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

238.20

[illegible]

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE MAJORITY FUND

A. FIRST MERIT BANK

Date of Disbursement

Transaction ID : SB21B.4135

001

Amount of Each Disbursement this Period

260.00

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial) _____

B. FIRST MERIT BANK

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.4129

001

Amount of Each Disbursement this Period

888.87

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle) _____

C. FIRST MERIT BANK

Date of Disbursement

Transaction ID : SB21B.4173

001

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	18.00%
25-34	15.00%
35-44	12.00%
45-54	10.00%
55-64	8.00%
65-74	6.00%
75-84	4.00%
85+	2.00%

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1168.87

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE MAJORITY FUND

105.00

State: District:

79.95

State: District:

MM / DD / YYYY

30.00

State: District:

214.95

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE MAJORITY FUND

A. FIRST MERIT BANK

Date of Disbursement

The first grid shows the number 03, with 'M' in the top-left and top-right positions, and 'D' in the middle-left and middle-right positions. The second grid shows the number 02, with 'D' in the top-left and top-right positions, and 'Y' in the middle-left and middle-right positions. The third grid shows the number 2015, with 'Y' in the top-left, top-right, middle-left, and middle-right positions, and 'M' in the bottom-left and bottom-right positions.

Transaction ID : SB21B.4136

001

Amount of Each Disbursement this Period

Category/
Type

230.00

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Full Name (Last, First, Middle Initial) _____

B. FIRST MERIT BANK

Date of Disbursement

03 / 04 / 2015

Transaction ID : SB21B.4130

001

Amount of Each Disbursement this Period

Category/
Type

947.22

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle) _____

C. FIRST MERIT BANK

Date of Disbursement

Transaction ID : SB21B.4175

001

Amount of Each Disbursement this Period

Category/
Type

20.00

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

1197.22

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 62

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City AKRON State OH Zip Code 44307

Purpose of Disbursement
BANK FEES & CREDIT CARD DISCOUNT FEES

001

Candidate Name

CONSERVATIVE MAJORITY FUNDCategory/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 06 / 2015
Transaction ID : SB21B.4131

Amount of Each Disbursement this Period

458.06

Full Name (Last, First, Middle Initial)

B. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City AKRON State OH Zip Code 44307

Purpose of Disbursement
RETURN CHECK CHARGES

001

Candidate Name

CONSERVATIVE MAJORITY FUNDCategory/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 06 / 2015
Transaction ID : SB21B.4137

Amount of Each Disbursement this Period

370.00

Full Name (Last, First, Middle Initial)

C. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City AKRON State OH Zip Code 44307

Purpose of Disbursement
USA ePAY

001

Candidate Name

CONSERVATIVE MAJORITY FUNDCategory/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 06 / 2015
Transaction ID : SB21B.4176

Amount of Each Disbursement this Period

20.00

SUBTOTAL of Disbursements This Page (optional)..... ►

848.06

TOTAL This Period (last page this line number only)..... ►

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE MAJORITY FUND

A. FIRST MERIT BANK

Date of Disbursement

Transaction ID : SB21B.4138

00:

Amount of Each Disbursement this Period

Category/
Type

270.00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial) _____

B. FIRST MERIT BANK

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.4132

00

Amount of Each Disbursement this Period

Category/
Type

1157.46

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle) _____

C. FIRST MERIT BANK

Date of Disbursement

Transaction ID : SB21B.4177

00-

Amount of Each Disbursement this Period

Category/
Type

20.00

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

1447.46

FEC Schedule B (Form 3X) Rev. 02/2003

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 62

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City
AKRONState
OHZip Code
44307Purpose of Disbursement
ACCOUNT ANALYSIS CHARGE

001

Candidate Name

CONSERVATIVE MAJORITY FUNDCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2015

Transaction ID : SB21B.4123

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City
AKRONState
OHZip Code
44307Purpose of Disbursement
SPECIAL HANDLING FEE

001

Candidate Name

CONSERVATIVE MAJORITY FUNDCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : SB21B.4146

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

C. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City
AKRONState
OHZip Code
44307Purpose of Disbursement
RETURN CHECK CHARGES

001

Candidate Name

CONSERVATIVE MAJORITY FUNDCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SB21B.4139

Amount of Each Disbursement this Period

180.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

230.00

--

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE MAJORITY FUND

A. FIRST MERIT BANK

00:

724.22

CONSERVATIVE MAJORITY FUND

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B. FIRST MERIT BANK

00

47.56

CONSERVATIVE MAJORITY FUND

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

C. FIRST MERIT BANK

00-

CONSERVATIVE MAJORITY FUND

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

791.78

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE MAJORITY FUND

A. INFOCISION MANAGEMENT CORP

Date of Disbursement

Transaction ID : SB21B.4149

003

Amount of Each Disbursement this Period

Category/
Type

367.94

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. INFOCISION MANAGEMENT CORP

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.4150

003

Amount of Each Disbursement this Period

Category/
Type

971.39

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)
C. INFOCISION MANAGEMENT CORP

Date of Disbursement

M M / D D / Y Y Y Y
01 26 2015

Transaction ID : SB21B.4151

003

Amount of Each Disbursement this Period

Category/
Type

1195.90

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

2535.23

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE MAJORITY FUND

A. INFOCISION MANAGEMENT CORP

Date of Disbursement

Transaction ID : SB21B.4152

003

Amount of Each Disbursement this Period

Category/
Type

4381.55

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. INFOCISION MANAGEMENT CORP

Date of Disbursement

Transaction ID : SB21B.4153

003

Amount of Each Disbursement this Period

Category/
Type

4775.61

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. INFOCISION MANAGEMENT CORP

Date of Disbursement

M M / D D / Y Y Y Y
02 17 2015

Transaction ID : SB21B.4154

003

Amount of Each Disbursement this Period

Category/
Type

3612.65

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

12769.81

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 62

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. INFOCISION MANAGEMENT CORP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2015

Mailing Address 325 SPRINGSIDE DR

City	State	Zip Code
AKRON	OH	44333

Transaction ID : SB21B.4155Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003

Amount of Each Disbursement this Period

Candidate Name

CONSERVATIVE MAJORITY FUNDCategory/
Type

25286.81

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. INFOCISION MANAGEMENT CORP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2015

Mailing Address 325 SPRINGSIDE DR

City	State	Zip Code
AKRON	OH	44333

Transaction ID : SB21B.4156Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003

Amount of Each Disbursement this Period

Candidate Name

CONSERVATIVE MAJORITY FUNDCategory/
Type

656.66

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. INFOCISION MANAGEMENT CORP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2015

Mailing Address 325 SPRINGSIDE DR

City	State	Zip Code
AKRON	OH	44333

Transaction ID : SB21B.4157Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003

Amount of Each Disbursement this Period

Candidate Name

CONSERVATIVE MAJORITY FUNDCategory/
Type

313.65

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

26257.12

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 62

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. INFOCISION MANAGEMENT CORP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2015

Mailing Address 325 SPRINGSIDE DR

City	State	Zip Code
AKRON	OH	44333

Transaction ID : SB21B.4158Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003

Amount of Each Disbursement this Period

Candidate Name

CONSERVATIVE MAJORITY FUNDCategory/
Type

343.68

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. INFOCISION MANAGEMENT CORP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2015

Mailing Address 325 SPRINGSIDE DR

City	State	Zip Code
AKRON	OH	44333

Transaction ID : SB21B.4159Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003

Amount of Each Disbursement this Period

Candidate Name

CONSERVATIVE MAJORITY FUNDCategory/
Type

12272.93

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. INFOCISION MANAGEMENT CORP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2015

Mailing Address 325 SPRINGSIDE DR

City	State	Zip Code
AKRON	OH	44333

Transaction ID : SB21B.4160Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003

Amount of Each Disbursement this Period

Candidate Name

CONSERVATIVE MAJORITY FUNDCategory/
Type

207.40

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12824.01

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE MAJORITY FUND

A. INFOCISION MANAGEMENT CORP

Date of Disbursement

Transaction ID : SB21B.4161

003

Amount of Each Disbursement this Period

Category/
Type

379.80

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. INFOCISION MANAGEMENT CORP

Date of Disbursement

Mailing Address 325 SPRINGSIDE DR

04 / 17 / 2015

Transaction ID : SB21B.4162

003

Amount of Each Disbursement this Period

Category/
Type

750.91

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. INFOCISION MANAGEMENT CORP

Date of Disbursement

Mailing Address 325 SPRINGSIDE DR

Transaction ID : SB21B.4163

003

Amount of Each Disbursement this Period

Category/
Type

17610.26

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

18740.97

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE MAJORITY FUND

A. INFOCISION MANAGEMENT CORP

Date of Disbursement

Transaction ID : SB21B.4164

003

Amount of Each Disbursement this Period

Category/
Type

11962.91

State: District:

B. INFOCISION MANAGEMENT CORP

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.4165

003

Amount of Each Disbursement this Period

Category/
Type

4413.88

State: District:

C. INFOCISION MANAGEMENT CORP

Date of Disbursement

Transaction ID : SB21B.4166

003

Amount of Each Disbursement this Period

Category/
Type

2843.79

State: District:

19220.58

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 62

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. INFOCISION MANAGEMENT CORP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2015

Mailing Address 325 SPRINGSIDE DR

City	State	Zip Code
AKRON	OH	44333

Transaction ID : SB21B.4167Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003

Amount of Each Disbursement this Period

Candidate Name

CONSERVATIVE MAJORITY FUNDCategory/
Type

770.02

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. INFOCISION MANAGEMENT CORP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2015

Mailing Address 325 SPRINGSIDE DR

City	State	Zip Code
AKRON	OH	44333

Transaction ID : SB21B.4168Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003

Amount of Each Disbursement this Period

Candidate Name

CONSERVATIVE MAJORITY FUNDCategory/
Type

210.52

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. INFOCISION MANAGEMENT CORP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

Mailing Address 325 SPRINGSIDE DR

City	State	Zip Code
AKRON	OH	44333

Transaction ID : SB21B.4169Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003

Amount of Each Disbursement this Period

Candidate Name

CONSERVATIVE MAJORITY FUNDCategory/
Type

572.96

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1553.50

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 62

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. INFOCISION MANAGEMENT CORP

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	6				1	8						2	0	1	5

Mailing Address 325 SPRINGSIDE DR

City	State	Zip Code
AKRON	OH	44333

Transaction ID : SB21B.4170Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003

Amount of Each Disbursement this Period

Candidate Name

CONSERVATIVE MAJORITY FUNDCategory/
Type

145.92

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. INFOCISION MANAGEMENT CORP

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	6				2	6						2	0	1	5

Mailing Address 325 SPRINGSIDE DR

City	State	Zip Code
AKRON	OH	44333

Transaction ID : SB21B.4171Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003

Amount of Each Disbursement this Period

Candidate Name

CONSERVATIVE MAJORITY FUNDCategory/
Type

6271.77

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. MACKENZIE & COMPANY

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	1				2	3						2	0	1	5

Mailing Address 2776 S ARLINGTON MILL DR
NUM 806

City	State	Zip Code
ARLINGTON	VA	22206

Transaction ID : SB21B.4201Purpose of Disbursement
CONSULTING - COMPLIANCE

001

Amount of Each Disbursement this Period

Candidate Name

CONSERVATIVE MAJORITY FUNDCategory/
Type

2000.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►

8417.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 62

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. CONSERVATIVE MAJORITY SUPER FUND

Mailing Address 2776 S ARLINGTON MILL DR #806

City	State	Zip Code
ARLINGTON	VA	22206

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Candidate Name

CONSERVATIVE MAJORITY SUPER FUNDCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		05		2015

Transaction ID : SB23.4213

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. CONSERVATIVE MAJORITY SUPER FUND

Mailing Address 2776 S ARLINGTON MILL DR #806

City	State	Zip Code
ARLINGTON	VA	22206

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Candidate Name

CONSERVATIVE MAJORITY SUPER FUNDCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2015

Transaction ID : SB23.4215

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. CONSERVATIVE MAJORITY SUPER FUND

Mailing Address 2776 S ARLINGTON MILL DR #806

City	State	Zip Code
ARLINGTON	VA	22206

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Candidate Name

CONSERVATIVE MAJORITY SUPER FUNDCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2015

Transaction ID : SB23.4216

Amount of Each Disbursement this Period

15.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

80.00

80.00

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4194

CONSERVATIVE MAJORITY FUND**LOAN SOURCE** Full Name (Last, First, Middle Initial)

SCOTT B MACKENZIE

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 2776 S ARLINGTON MILL DRIVE

City ARLINGTON

State VA

ZIP Code 22206

Original Amount of Loan

800.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

800.00

TERMS

Date Incurred

M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2015

Date Due

M M M / D D D / Y Y Y Y Y Y

UPON
REQUEST

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

800.00

TOTALS This Period (last page in this line only)..... ►

800.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.